



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

ANNA CARTER
DIRECTOR

Dear Drop-In/Short-Term Child Care Provider:

Drop-in/short-term child care programs are required by Law in North Carolina in General Statute 110-86(2) (d)(d1) to register and post a notice stating that the program is not regulated by the Division of Child Development and Early Education.

If you are interested in operating this type of program, your program would meet the definition of drop-in care if the following applies:

1. Drop-in or short-term care will be provided while parents participate in activities that are not employment related and where the parents are on the premises or otherwise easily accessible, such as drop-in or short-term care provided in health spas, bowling alleys, shopping malls, resort hotels, or churches;
2. Drop-in or short-term care provided by an employer for its part-time employees where the child is provided care not to exceed two and one-half hours during that day, the parents are on the premises, and there are no more than 25 children in any one group in any one room.

If your program meets one of the above definition(s) you should proceed with the registration process as soon as possible.

What are the Steps to Becoming a Drop-In-Care Facility?

Registered Program

If you are currently registered with the Division of Child Development and Early Education (meaning you currently have a noticed posted) as a drop-in care facility:

- Complete the enclosed application by updating any new information.
- Include a copy of any flyers that are currently being used as advertisement.

Nonregistered Program

If you have not registered with the Division of Child Development and Early Education, please complete the enclosed application. Once your *Registration Application* is received by the Division of Child Development and Early Education, it will be reviewed to see if you meet the qualifications for a drop-in/short-term child care program. If you meet the requirements, the Division will mail you an official public notice, to be Immediately posted in a place easily visible to parents. If you have questions or concerns, please contact our office at (919) 527-6335 or 1-800-859-0829.

WWW.NCDHHS.GOV

Tel 919-527-6335 • Fax 919-715-1013

LOCATION: 820 SOUTH BOYLAN AVENUE • MCBRYDE BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2201 MAIL SERVICE CENTER • RALEIGH, NC 27699-2200

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



**DROP-IN/SHORT-TERM CARE
REGISTRATION APPLICATION
(Registration Required by Law)
G.S. 110-86(2)(d)(d1)
GS110-99(c)**

Application Type (Please select one)

_____ New _____ Renewal

Program/Site Information Name of Business	Type of Business/Operation (Select all that apply): _____ Bowling Alley _____ Casino _____ Church _____ Health Club or Spa _____ Hotel _____ Resort _____ Shopping Mall _____ Strip Mall Other: _____
Location Address (if your location address is different from your mailing address please provide your mailing address in the box labeled mailing address).	Mailing Address
Telephone Number#	Cell Phone#
Website Address	Email Address
Name of Owner/Contact Person	Title
Please provide the names of any additional owners: 1. _____ 2. _____ 3. _____	

Please list any website/email address that is being used for advertisement or being shared with the general public for informational purposes

A. General Information about your program:

Describe the activities parent/employees will be participating in while children are on site.

____ Mother's Morning Out Programs ____ Bowling ____ Exercise ____ Hotel Activities
____ Legal Proceedings ____ Shopping ____ Teaching ____ Parent's Night Out
____ Other _____

What days of the week do you offer child care? __ **Mon** __ **Tues** __ **Wed** __ **Thurs** __ **Fri** __ **Sat** __ **Sun**

What hours of the day is care available? (When does the program open and close?)

How long can a child stay in your program in one day? ____ **30 minutes** ____ **1 hour** ____ **1-2 hour(s)** ____
4 hours ____ **No limit** ____ **Other** ____

**** If you provide drop-in care for more than 4 hours, you will need to ensure the parents do not use the drop-in care on a regular basis.***

How many days per week may the same child attend your program? _____

Are the parents required to be on the premises while their children are in care? Yes ____ No ____

Please mark all the ways you contact parents:

____ Home Telephone ____ Work Telephone ____ Cell Phone ____ Pager ____ Email
____ Other (please describe this method of contact) _____

B. Program Information:

What ages of children are cared for in your program? (Please check all that apply)

____ a). Less than 1 year of age b). ____ 1 year of age ____ c). 2 years of age ____ d). 3 years of age
____ e). 4 years of age ____ f). School age (5-12 years of age)

What is the average # of children in attendance on any given day?

____ a). children less than 1 year of age ____ b). children 2 years of age
____ c). children 3 years of age ____ d). children 4 years of age e). ____ children school age (5-12 years)

Do you have age and developmentally appropriate toys and materials for each group of children in your program? Yes ____ No ____

Are there enough toys and materials to allow each child in a group to have the opportunity to participate in the same types of activities at the same time? Yes ____ No ____

Are activities planned using age appropriate materials on a daily basis? Yes ____ No ____

C. Meals/Snacks:

Do you provide meals and/or snacks for the children while they are in care?

Yes ____ No ____

If yes, what foods are served?

Are meals/snacks catered or prepared on site?

_____Catered _____Prepared on site _____N/A

What type of food service equipment is used to store or prepare the food?

N/A _____

Is your facility already required to meet sanitation standards for food service and preparation?

Yes ___No ___ N/A ___

D. Physical Environment:

How many child care rooms do you have? _____

How many children do you allow in each child care room in your program? _____

Are there direct exits to the outside from the child care rooms? Yes ___No ___

If yes, what ages of children use those rooms? _____

a) What safety precautions do you take? _____

b) Do you cover electrical outlets? Yes ___No ___

c) Do you require proof of identification for the parent/guardian dropping off and picking up children?
_____Yes_____ No

d) Do you have a fenced outdoor play area? Yes ___No ___

e. Other: _____

If you care for infants, where do you change their diapers?

a. _____On a diaper changing area _____b. On the floor on a mat _____c. On the floor on a towel

d. _____On the floor

E. Staffing and Staff Information:

How many children are in a group? _____

How many staff are required to work with each group of children? _____

Do you ever allow one staff member to stay with children alone? Yes _____No _____

What are the education and training requirements for your staff?

Please list the highest level of education achieved for each staff member:

F. Staff Education Level Achieved/Number of Staff

Staff Current Education Level	Number of Staff
Less than a High School Education	
GED	
High School Diploma	
Early Childhood Credential	
Early Childhood Administrators Credential	
Associates Degree	
Bachelor's Degree	
Master's Degree	

Total number of staff _____

Do you require a criminal background check on your employees? If so, what type of check do you require?

What kind of training do you provide/require for staff?

a. First-Aid certification? Yes ___No ___

b. CPR certification? Yes ___No ___

c. Hand washing? Yes ___No ___

d. Diaper changing? Yes ___No ___

e. Behavior management? Yes ___No ___

f. Emergency evacuation procedures? Yes ___No ___

g. Other _____

Do you have written operational procedures for staff? Yes ___No___

Do you provide written procedures to parents? Yes ___No ___

How do you evaluate staff performance? _____

What is your salary scale for your staff?

G. Name of Position (list name of position) Salary Amount (list salary range)

Name of Position	Salary Amount
Administrator	
Lead Teacher	
Teacher Assistance	
Floater	
Cook	
Program Coordinator	
Substitute/Volunteer	

Total number of staff _____

Do you offer any sort of benefits package? Yes ____ No ____

Do you offer vacation time? Yes ____ No ____

Do you offer sick leave? Yes ____ No ____

Do you offer health insurance? Yes ____ No ____

Do you offer a retirement plan? Yes ____ No ____

Name of Person completing Application: _____

Applicant's Name (Please Print) _____

Position Held with Facility: _____

Signature: _____

Date _____

Please Return the Registration Application to:

Division of Child Development and Early Education

Regulatory Services Section

Attention: Drop-In Care Coordinator

2201 Mail Service Center

Raleigh, NC 27699-2201